



Maine Department of Human Services,
Bureau of Health, Division of Disease Control
Notifiable Condition Reporting Form *

Notifiable Condition or Disease: _____
_____ (Attach lab results if available)

Reporting Information

Person Reporting: _____ Title: _____

Agency/Institution: _____ Phone: _____ - _____

Patient Information

Name: _____ Phone: _____ - _____
(First, MI, Last)

Address: _____ Town: _____

Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female

Hispanic or Latino? ☐ Yes ☐ No ☐ Unknown

Race: ☐ White ☐ Black or African American ☐ Asian
☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native
☐ Two or more races ☐ Other (specify: _____)

Clinical Information

Specimen source: ☐ Blood ☐ Cervix ☐ Nasal Pharyngeal ☐ Spinal Fluid
☐ Sputum ☐ Stool ☐ Urethra ☐ Urine ☐ Other (Specify _____)

Specimen collection date: ____ / ____ / ____

Lab Name: _____

Provider Name: _____ Phone: _____ - _____

Practice Name: _____ Town: _____

Fax form to: Division of Disease Control at (800) 293-7534

* For use in reporting Category 2 Notifiable Conditions only;

* For reporting Category 1 Notifiable Conditions or for information on Reportable Condition categories, please call (800) 821-5821